

### Commonwealth of Pennsylvania - Campaign Finance Report

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Filer Identificati Number	40	Anger		ort Filed E irk X)	Зу	Candida	ate		Committee		X	Lobby	yist	
Name of Filing ( Lobbyist	Committee, Ca	ndidate or	The Friends of Tim Beveridge											
Street Address	1		41141	Harvard Ro	j									
City	Erie		1			State	PA	***	Zip Code	16509				
Type of Report (	(Place x under i	report type)												
1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary		Tuesday lection		Friday Election	6- 30 D	-	7- Annual	Special 2 Pre-Elect	_		al 30 D Electio	
				<del></del>	F			1	X		<u>.</u>			
Date Of Election		11/07/2017	Year	<del>J</del>	2	 017	Amend	ment		Terminat	ion			
(MM/DD/YYYY)			<u> </u>	7		<b></b>	Report		<u> </u>	Report		ا ا		
Summary of Rec Expenditures	ceipts and	From Date		To Date					For	Office Use	Only S	2019		
A. Amount Brou	ight Forward F	11/28/2017 rom Last Report	t \$	-	608.79						THE THE	<u>C</u>		
B. Total Moneta		ns and Receipts	\$		008.79						REC	-2		
(From Schedule C. Total Funds A	<u> </u>		\$								문)은			
(Sum of Lines A	and B)		·		608.79		AM II: 30 ISTRATIO							
D. Total Expenditures (From Schedule III)			\$	\$ 608.79						ISTRATION	دے	>		
E. Ending Cash Balance (Subtract Line D from Line C)			\$	\$ 0						and the		X	•	
F. Value of In-Ki (From Schedule		ns Received	\$	\$ 0										
G. Unpaid Debts (From Schedule	s and Obligation	ns	\$	0										
				<u> </u>		fidavit Se				<u>_</u>				
Part 1- If this is a C														
I swear (or affirm)			ched sc	hedules or	¹ paper,	iO 🖊	best of my	knowled	lge and belief tr	ue, correct a	nd complet	te.		
Sworn to and subs	1	000 18	<del></del>	Commiss SENNSYLV	Tonia Cliv o		Xe	ti	1	Ser	<del></del>	5		
Jones	a TW	<u> </u>	<del></del>	S-101 .	OLAKIAL IS WALNO		PET	gnature ER	of Person Subm	END	17			
	Signature	2-19		2000 2000 2000 2000 2000 2000 2000 200			2111		Printed Nam	e //^/	. a o .			
My Commission expires MO. DAY YR.				SEAL any Fublic la County likes April 10x			Area Code Daytime Telephone Number							
Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.														
I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.														
Sworm to and subs	Sworm to and subscribed before me this													
day of_	_	. 1			limit	hy	S. Be	Nerue	ly-					
Lonia	<b>-</b> .			_;	1107	147		Nほじち	D6-B	_				
Signature				, 1			Printed Name 814 450}							
My Commission ex	pires Ut MO.	DAY YR.				-	rea Code	****	Dayti	me Telephor	ne Number	<u> </u>		
	AND ON WE ALTE OF DENHAY! VANIA													

COMMONWEALTH OF PENNSYLVANIA

ROTAGIAL SEAL Tonia Wilt. Notary Public My Conmission Expires April 3, 2019

MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

#### SCHEDULE IV

Statement of Unpaid Debts
Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filandentitication/Number	on to hermie an unpaid debts and obligations which are outstanding at the end of the reporting	
(Name of Gednor	- Outsiahuin-Balan	rce of Debt
	treet/Address DATIE/DERT-INCURRED. S. S. TIVINVI/JDD/YYYYJ	
Description of Debt State of Greditor	Stare Zip Gode Gode Gode Gode Gode Gode Gode Gode	a comple
House #	ineet/Address  DATE/DEBT INGURRED  [IVIM/ADD/YVYY]	GE-JOINED EN
City Description of Debt.	State 212 Godens	
eName of Greditor. House# Str	Outstanding Balan  Treat Address  DATE DEBT INGURED:  [MM/DD/YYYY]  ]	ee of Debt
Gity  Description of Debt.  Name of Gredien.	State Zip to icode:  Outstandiis Balance	
Series S	Fireet Address  DATE DEET (NGURRED)   [MIN/DD//YYY/]	GE TO IN PARTY.
City  Description of Delat  Name of Creditor	State Zip Godes Codes	
	DATE DESTINOURRED : SINIVIDO ANTO A TRANSPORTED SE SINIVIDO A TRANSPORTED SE SINIVIDA A TRANSPORTED SE SINIVIDA SE SIN	
Description of Debt		esofiDehi
	neet/Address    DATE DEBISINGURRED	
Gity	State Zip (Gode )	N. Victorial Constitution of the Constitution

### SCHEDULE I

## **Contributions and Receipts**

Detailed Summary Page

(Aller/Gentification/Number)	indiana.		
L. Unitemized Contributions and Receipts: \$50.00 or Less per Contributor.			
	1)	\$	
2. Contributions of \$50.01.to \$250.00 (From Part Aland Part B)  Contributions Received from Political Committees (Part A)			
All Other Contributions (Part B)		\$	
Total for the reporting period (2	2)	\$	
3. Contributions Over \$250 00 (From Part Cand Part D)			
Contributions Received from Political Committees (Part C)  All Other Contributions (Part D)		\$	
Total for the reporting period (3	1	\$	
4.0 Ther Receipts-Refunds, Interest Farmed, Returned Ghecks ETG. (From Part E)		7	
. Total for the reporting period (4)		\$	
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)		\$	

#### PART A

### **Contributions Received From Political Committees**

\$50.01 TO \$250.00 Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

anesi genin editiringi i				
The state of the s				Amount
Full Name of Contributing Committee			. Date (MM//DD//YYYY) ⇒ S	ображ <b>ы</b> петеоне и в чэд 1 эдер ў 9 км го I Болейска Болеў
House # Street Address	State		;Date [MM/DD/XYYY] S	
Full Name of Contributing	Sidle	Zip Gode	Date [MIM/DD/YYYY] 58	a samanna sa
Committee: House# Street Address			Date MM/DD/YYYY] # 5	
<u>City</u>	State	Zip.Code	Date [MM/DD/YYYY]	- Water Committee
Full Name of Contributing			Pate [MM/DD/YYYY] 35	
Committee  House # Street/Address			#Date*[MM/QD/XYXY] \$ \$	
City 1	State	«Zip Code	*Date*[IVIM/JOD/YYYYA] \$ \$	
Full Name of Contributing Committee			Date (VIM/DD/VVVV)	Transcopperation street commencement
House# Street Address			Date MMM/DD/YYYY/S 58	
(GHV)	State	Zip Gode	*Date:\MM/DD/YYYY/] * S	·
Full Name of Contributing Committee House # Street Address			Date [MIM/DD/XYYX]	
House # Street Address  Gity	Stater	Zip Code	Date IMM/DD/XXYYYI 45	
Full Name of Contributing:	Didica	210,000	Date4[MM/DD/YYYY] S	
Gommittee :: House:# Street Address			Date (MIN//DD//WYY)	
Gity	State	¿Zip Gode	Date [MM/DD/YYYY]	

## PART B All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Elleridentification/number				
Rull Name of Contributor			Date (VIM/DD/AYYY)	
House# Street/Address			Date (VIM/DD/XXYY)	
(Glty)	State	Zip Code	Date MM/DD/YYYY)	
Rull Name of Contributor			Date (IMM/DD/XYXYV)	<b>X</b>
House # Street Address	55 T T T T T T T T T T T T T T T T T T	71277×1124804	*Date (VIM/DD/YYYY)	
htuli NamerofaContributor	State	Zip Gode		
House## Street Address		•	Date (MM/MDD/YYYY)	
Ghy :	State	4p(Gode	Date IMM/DD/WWW	<u> </u>
Agull Name; of Gontabutor 2			koate nyimkodykykykisi	
House#3 Street Address			*Date/IMIV//DD/YYYYYI	
elftyres	State	ip Gode	Date MM/DD/AYYY/	
Füll Name of Contributor			    Date  MM/DD//YYYY  *	
House # Street Address			Spate([VIM/DD/AXXXX)]\$ \$\$	
PGITY*	State	jp Code	: Date/(MIX//DD/AYYYY)	
Full Name of Contributor			Pate (MIM/JDP//MAM)	
House # . Street Address			Date MW/DD/YY/YYI	
	State	ip Gode	opate [MM/JDD/YYYY]] s	

#### PART C

### **Contributions Received From Political Committees**

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

IFIler Identification Number:			gade-robati est robatolis (1956 robate) (1956 robate) (1956 robate) (1956 robate) (1956 robate) (1956 robate)	Andriados pero escular o esta mentra en 12 de metro de coment
el tradition de come en experimentale de la consequencia de la consequencia de la come de la come de la come d			des modelet de la se es este manifestant de particular de la constituent es anticonstituent es anticonstituent	
Full Name; of Contributing Committee			Date (MIN/ADD/AYAY)	\$1
Houseif Street Address	In the state of th		*Date (WM//DD//YY/M)	<b>\$</b>
Gity	State	Zip Code		
Full Name of Son Tributing Committee			Date [MM/DD/YYYY]	
House#. Street/Address			Date [MM/DD/XYXXI].	
GRY Fullinameror	Siate.	izip.code.	Date [MM//DD/YY/YY]	
Contributing Committee	,		»Date (IVIVI/IDD//YYYY)	
House # Street Address Oity		Sharing Sambatives	Pate MIM/DD/AWAA	<b>5</b>
Full Name of	State	<sup>1</sup> Zip Code	Date [MM//DD/YYYY]  Date [MM//DD/YYYY]	SM
Contributing Committee  House # Street Address				
30ite Audites	State	v <b>Zip</b> code	Date [MM/DD/YYYY]	
Füll Name of .		ZIPGOUE	Date:[MIM/DD/XYYM]	
Contributing Committee  House # Street Address			Dates [MM/DD/YYYYY] S	
Gity =	Stare	Zip Code	Date   MIN/DD/Y/YYY) 3	
NFUINName of	State		TDate: [MM//DD/YYYYY] at is	
Gontributing Contributes:				
Elby I	State	Zip@ode	*Date MW/DD/YYYY] s	

#### PART D

#### **All Other Contributions**

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C)

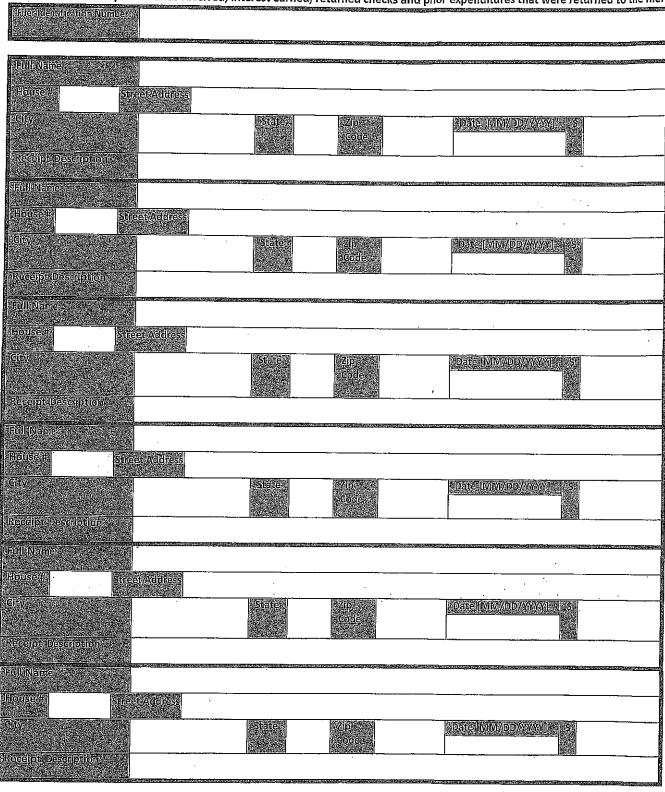
dellaridentification Number			
Full Name of a Contributor.			Poate:[MM/ddp/yyyy] \$9
House# Street Address			Date MIVI/DD/YYYYA S
enty Employer Name	State	Zja Gode	Date MM/DD/YYYY/
Employer/Mailing/Address// Phincipal/Place of Business			
Full Name of Goot ributor.			Date [MIXWDD/MYYM] S.
House# Street Address	1-4-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		"Date [MM/DD/WWW]
Giv	State	- Zip Gode	Date (MM/DD/YYYY) \$
Final Over Name  Employer Mailing Address / Principal Place of Abusiness	-		*Gecupation
Note: Name of Gontributor			Date IMM/DD/YY/WI
House # Street Address			Date-[MM/DD/AYYY] \$
Gity	State	-Z(p·Gode	,Date (MM/DD/YY)YI
EmployerNames EmployerMailing Address/			Occupation
Principal Place of Business Full Name of Contributor		al disease y manufacture y microsiblessage, sono secul	Dare (MIM/DD/AYYY)
House # Strieet Address			Date WINI/DD/YYYY) \$
Giv	State	//Zip/Code	Date IMM/DP/-YYYY
Employer Name Employer Mailing Address //	Total September 1	, and a second recognition of the second second	Occupation

#### PART E

### **Other Receipts**

### REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.



#### SCHEDULE II

### IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Election in a modern				
Tarada Tuntiemzedinikind Generie	PUTIONS/RECEIVED A	/Alueiopssujūkiorikessper	ACONTRIBUNIOR ( )	
TOTAL for the reporting period	(1)	\$	No. 19-11 M. 417 Mar 2007 V. 2007	
2. UNIND CONTRIBUTIONS REGI		:04710\$2501001(EROMEPART)		
TOTAL for the reporting period	(2)	\$	A COUNTY OF THE PARTY OF THE PA	
.3: NEVIND CONTRIBUTION REGEN TOTAL for the reporting period	VEDE VAIU E OVER S2			
TOTAL VALUE OF IN-KIND CONTRIBUTION	NS DURING THIS REP	ORTING   \$	Markan Bankan and Andrews	
PERIOD (Add and enter amount totals fro on Page 1, Report Cover Page, Item F)	m poxes 1, 2, and 3;	also enter		

### SCHEDULE II PART F

### **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

#Herdexageatoraxumbae		OT 10 \$250	
inie nuedunaumber			
Full Name of Contributor	September 1	Date (MIVI/JDD/AYAY); SS	остоп в в под в Посот ресустен в почения у совер до почения в почения в почения в почения в почения в почения в
House# Street Address		Date (MM/DD//YYY)	
City:  Description of Contribution	State Zip Gode	©Date [MM/JDD/AYYYY] ST	
Pesaliphon of Gonillantion			
FUI Name of Contributor		apate (MM/DD/AYAYA) S.	
House #: Street Address		Date:[MM/Db/YWYY] \$	
etty List Description (or Contribution)	State Zp.Code X	(Date/IMM/DD/XY/YA) ( Sa	
Full Name of Contributor.		Date [MM/db/AYXY]	
House # Street Address	International In	Date([MW/DD/XYYY)] \$5.	
Gity PDescription of Contribution	State ZipiCode	*Date:[MM//DD//X/YY].\$	
RulliName of Contributor		Spate (MM/DD/AYAY)	
House# Street Address		#Bate (MM/DD/AYAY)	
Gity : Description of Gontinbutton - 25 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	State Zip.Code	(Date IMW//DD/AYAY)   S'	
FülliName oftgöntributo		@Dates IVIV//IDD/AWAYI	
House # Street Address		@Date (IVIV/(DD//AV/Y))	A CONTRACTOR OF THE CONTRACTOR
Gity : Description of Contribution : 3:	State: Zip.code	Date (MW/DD/AYYY)	
A STANSON OF THE STAN			

# SCHEDULE III Statement of Expenditures

	<del></del>	,m-	
Filer Identification Number:			
\$15 p. 15 kg, 1 kg,			
6# 3000			
\$43 \$40 \$40 \$40 \$40 \$40 \$40 \$40 \$40 \$40 \$40			

To Whom Paid						Date [MM/DD/YYYY	<b>]</b>	100.03
r syn dywr dio Medd y dd Gladdiaeth a charles	Vicki Upperman					12/05/2017	Sec.	188.93
House # 5958	Street Address 595	8 Hillhaver	ı Dr			Description of Expe	nditure	
City Erie	State PA Zip 16509				16509	Reimbursement for fund	raising a	octivities
To Whom Paid	CTE Ryan Bizzarro				•	Date [MM/DD/YYYY 12/05/2017	<u>]</u> \$	401.58
House # 2653	Street Address 265	3 West 25	th St			Description of Exper	iditure	1
City Erie		State	PA	Zip Code	16506	Donation		
To Whom Paid	Marquette Savings Ban		1	The section of the se		Date [MM/DD/YYYY 12/5.2017	1 5	18.28
House # 920	Street Address 920	Peach St				Description of Exper	nditure	
City Erie		State	PA	Zip Code	16501	Correction of check book	k error	
To Whom Paid						Date [MM/DD/YYYA	1 \$	
House #	Street Address					Description of Exper	nditure	
City		State		Zip Code				
To Whom Paid						Date [MM/DD/////	1 \$	
House #	Street Address					Description of Exper	oditure	
City		State		Zip Code				
To Whom Paid						Date [MM/DD/YYYY	<u>]</u> \$	
House#	Street Address					Description of Exper	nditure	
City		State		Zip Code				
To Whom Paid						Date [MM/DD/YYY)	3.7A	
House #	Street Address					Description of Exper	nditure	
City		State		Zip Code				
To Wriom Paid						Date [MM/DD/YYY	<u>]</u> \$	
House #	Street Address					Description of Exper	nditure	16 1046 (\$ ) (* )
City		State		Zip Code				

### SCHEDULE II Part G

### **In-Kind Contributions Received**

VALUE OVER \$250

Plesidentiteation numbers		
Eull/Name or Contributor	A CONTRACTOR OF THE STATE OF TH	SDate IMIV/DD/W/Y/I
House# Street/Address		¿date/irVirv//dd//yyyy)
(Gity) Starter	Zip.Gode	Date MM/DD/YYYYYI SS
<sup>1</sup> Employer Name <sup>2</sup>		Occupation
Emplove Mailing Address //Principal Place of Business		Apescription: of Gonthibution:
Jaulinameor contributor.		Date (IVIV//DD//YYY) \$5.
Housen Street/Address		(S)
(City State)	ZipiGode.	Date [IMM/DD/YYYYY]
(Enployer Name		<b>Θ</b> Ος υ βατίο ή!
Employer Mailing Addiess / Principal Place of Business		Description: Of: Contribution:
Füll Näme of Contributor		Date (MM/DD/YYYY) 434
House:# Street:Address	Part COOP BOO LECTURE	Date IMM/DD/YYY/VIV
Gity State-	TZip Code	Date [MM/DD/YYYY/] 25 35
EmployerName		Occupation :
Limplayer Mailing Address //Principal Place of Business		Description or Contribution
FUIIName of Contribution		Date   MM/DD/AVWM
House(f) Stribet ∆dibress	To Control of the Con	adate MM/DD/AYYM;
(City State)	Zip Gode.	(Date (MIX/ADD/AXXYV))
		@ccupation
Ethiloyer Mailing Address / Principal Place of Business		Description of Contributions